MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-048440

DEP	R Th	IEN 1	101	PU		HEALTH AND WE	ELFARE,/			20	, 	1-0%		STATE FI	LE NUM	BER
DO NOT WRITE		AME	NDED	. [gistration District No		ary Registration	Distr	ict No	O/Registrer's No.					
ON THIS STUB						PLACE OF DEATH	0 1903				Ž 2. USUAL RESIDEN	CE (Where dece	ased live	d. If institu	tion: Pa	sidence hefore
VS 300	0				"		lasper					sourib co			RE	admission)
Rev. 4/59	AMENDED			1		b. CITY (If outside cor	porate limits, give TOWNS	HIP only)	Leng	gth of stay in 1b	c. CITY OR			-		Inside Limits
امما	Š	11					oplin		12	days	TÓWN	Granby			1_	Yes Do Z
0499						HOSPITAL OR	NOT in hospital, give locat	•		Inside Limits	d. STREET ADDRESS	(if	cutside, q	ive location)	1	Reside on Farm
20130-	DATE						. John's Hosp:	ital		Yes No		R.R.				Yes No 🗆
3	Г	\prod	П		3.	NAME OF DECEASED (Type or print)	First		Middle		Last .	4. DATE OF	Mor		Day	Year
4 6	1	11	- 1				Jessie Ra			McGarr		DEATH	Dece	TE UNDER 1	1,	1963
<u> </u>		11			5.	SEX	6. COLOR OR RACE	7. Married 2 Widowed [lever Married Divorced	8. DATE OF BIRTH	9. AGE (last b	oirthday)		Zgys	Hours Min.
		11		h	10.	Male Male	White Give kind of work done	10b. KIND OF	BUSIN	IESS OR INDUSTRY	11-29-1892	71 ity and state or	country)	12. CITIZE	N OF W	HAT COUNTRY
6 !	٤					during most of working Retired					Arkens	-	• • •	υ.	5. A	
7		11			13	. FATHER'S NAME		13b. M	OTHE	R'S MAIDEN NAME			AME OF I	USBAND OR		
	2				_	James McGarr				ria Paden				e McGar	rah	
_ *2 ;	₽						IN U.S. ARMED FORCES? yes, give war or dates of a		OCIAL	SECURITY NO.	17. INFORMANT	_		Address		
94200	ן עַ				Ì –	No L	(Enter only one cause per		anu i	<u></u>	Joe McGer	rah,	Ste	lla, Mo	INTE	RVAL BETWEEN
10 1	₹			Ē	-	PART I.	DEATH WAS CAUSED BY:	A4.			: Heart Dis	0200		<u>.</u>	ONS	ET AND DEATH
				3			IMMEDIATE CAUSE (a)	AIU	ST 11	nac teto cic	· Heat f DIS	E03E			+	1077 0115
				DOCUMEN		Condition	ns, if any,) DUE TO (b	Ath	ero:	sclerosis					Ind	efinite —
<u> </u>	2 S					which as	ave rise to cause (a),							-		
1377-1	- -	+	╌	-		(ying c	the under- suze lest. DUE TO (c								<u> </u>	
	5]]			ICATION	PART II.	OTHER SIGNIFICANT Co	ONDITIONS CO	NTRIE	BUTING TO DEAT	H but not related to	the terminal	PART		regnanc	as female was y in last 90 days.
	₽				Σ		Pulmonary Ede	ma						☐ Yes	□ No	
	AMENDMEN				CERTIFI	19. WAS AUTOPSY PERFORMED? YES NQ	20a. ACCIDENT SUICID		1	206. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of	injury in	PART I or P	ART II o	Fitem 18.)
V S	AME				EDICAL	20c. TIME OF Hour INJURY a.m. p.m.	Month, Day, Year		•							
BLACK INK OR RITER RIBBON					2	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	☐ tarm, 1	OF INJURY (e.g	ffice l	or about home, 2 bldg., etc.)	20f. CITY, TOWN, OR	LOCATION		COUNTY		STATE
A S E	QA		H	1	ŀ	01 1		_1963		10 11	_27_63and	last saw him al	live on	11-27-1	963	
	SHOULD READ					21. I attended the de-	Ceased Home	10:55			e date stated above, a				the cau	
USE	Ę			P.		22a. SIGNATURE	(Deg	ree or title)			22b. ADDRESS					22c. DATE/SIGNED
, <u> </u>	Ĭ			VIT		A.S.	Will	ma	N	m1)	301 Medica	Arts B	<u>lag.,</u>	Jophir		(State)
,	t		$\vdash \vdash$	1	23	a. BURIAL, CREMATION, REMOVAL (Specify)	1 .			CEMETERY-OR CRE	MATORY 2	ic Donal				· · · · · · · · · · · ·
	CZ Z			AFFIDA	l	Eurial Director	Dec. 3, 1963			Cemetery 25. DA1	TE RECD. BY LOCAL R	EG. 26. REGI	STRAR'S S	IGNATION.		
	TEA			BY /	l 24	McQueen Fu	neral Home,	wheator	٦, ١		-11-1963		ovie		NU	ianu
_	1	· [1	1	_	· · ·										

• DEC 53 1963

STATEMENT BY LICENSED EMBALMER

or by		_ 	Student Embalmer No					
working under	my personal sup	pervision.	Signed Daul D. Henbest					
	Signature of St	udent Embalmer						
r eje ee	.:.:	··,	Licensed Embalmer No. 4576 1-21-11 P. O. Address Cassville Me					

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.